## IDAHO SUPPLEMENTAL SCHEDULE

1999

For the year January 1 - December 31, 1999, or fiscal year beginning, 1999,					, end	ending, 2000					
Vame(s)	as	shown on return		_				Soc	ial Security	Number	
	_										
PART		: For Form 40 file	ers. If you are filing F	orm 43, use PART II on t	he back	of this fo	rm.				
Α.	1	Alternative Energy	Device Deduction. S	See instructions, page 20.							
	١	Year Acquired	Type of Device	Total Cost		Percent					
	1	. 1999		\$	Χ	40%	=	1			
	2	2. 1998		\$	Х	20%	=	2			
	3	3. 1997		\$	Х	20%	=	3			
	4	1. 1996		\$	X	20%	=	4			
	5	5. Total deduction.	Add lines 1 through 4. [	Enter here and on line 19, Fo	orm 40.			5			
B.	. Retirement Benefits Deduction. See instructions, page 20.										
	1	1. If single enter \$1	6,788, or if married filing	g jointly enter \$25,182	1						
	2	2. Retirement benef	its received under federa	I Railroad Retirement Act	2						
	3	3. Retirement benef	its received under Social	Security	3						
	4	4. Balance (line 1 m	inus lines 2 and 3)					4			
	5	5. Amount of eligibl	e retirement annuity incl	uded in federal income				5			
	6	6. Enter the smaller	of lines 4 or 5 here and	on line 21, Form 40.				6			
C.		Other Subtraction	s. See instructions, p	pages 20 and 21.							
	1	I. Maintaining a hor	me for the aged and/or do	evelopmentally disabled				1			
		-	•	r prize				2			
			_	/e American				3			
			,					4			
			,								
	5	Total other subtra	actions. Add lines 1 thro	ough 4. Enter on line 27, For	rm 40.			5			
D.		Credit for Income	Taxes Paid to Anothe	r State. See instructions	, page 2	1.					
	1	Idaho tax line 39	) Form 40		1			Α	ttach a d	copy of the	===== e
					2					x return ar	
		•			3				•	rate Form 39 for tate for which a	
		-		here			%		redit is c		ıa
								5			
				credits			6				
		. Other state s tax	dae 1655 its intoffic tax (	ordato							
	7	7. Enter the smaller of lines 5 or 6 here and on line 40, Form 40.						7			
E.				er Age 65 or Older, or a F ons, pages 21 and 22.	amily M	ember Wi	th a				
	1	1. Did you maintain	a home for an immediate	e family member age 65 or o	older and	provide mo	ore				
		than one-half of his/her support? You and your spouse do not qualify.							Yes	No	
	2	2. Did you maintain a home for an immediate family member with a developmental disability and									
	provide more than one-half of his/her support? You and your spouse may qualify								Yes	No	
		If you answered YES to either question, complete lines 3 and 4.									
	3	3. List each family r	member you are claiming	:							
	-	Name of	f Family Member	Social Security Number	Relationsh	nip to Person	Da	ate of	Birth of	Check he	ere if
			,	of Family Member		Return			Member	developm disabili	
	-										,
	-										
	_				+						
	_	4. Total amount clai	imed (\$100 for each gua	lifying member but not more	than \$30	20)					
	_	Enter on line 59,		my my mornoor but not more	, andri you	001.	4				
		<u></u>									

TC39991-2 9-03-99								
Name(s) as shov	Soc	ial Secur	rity Num	nber				
PART II:	For Form 43 filers. If you are filing Form 40, use PART I of	on the f	ront of this form.					_
A. Othe	Other Subtractions. See instructions, pages 22 and 23.  Column A Total						n B o	_
1. <i>A</i>	doption expenses	. 1						_
2. N	laintaining a home for the aged and/or developmentally disabled .	. 2						
3. le	daho lottery winnings, less than \$600 per prize							
4. li	ncome earned on a reservation by a Native American	4						
	Vorker's compensation insurance							
	artner's and shareholder's pass-through subtractions							
	sulation of Idaho residence	, ,						
	echnological equipment donation	8						
9. <i>A</i>	Iternative energy device deduction							
	V							
	Year Acquired Type of Device Total Cost Percent							
- -	. 1999 \$ X 40% =	9a						
ķ	. 1998	9b						
(	. 1997	9c						
(	. 1996	9d						
10. (	ther subtractions. Identify	10						
	otal other subtractions.							
	dd lines 1 through 10. Enter on line 42, Form 43.	11						
	it for Income Taxes Paid to Another State by Part-Year Re esidents cannot claim this credit. Idaho residents on active milita					and	1 24.	
1 10	aho adjusted income from line 44, Column B, Form 43	1		A				_
	ther state's adjusted income						of the rn and	
	mount on lines 1 and 2 taxed by both states	. —					39 for	
	aho tax, line 55, Form 43						hich a	
	ivide line 3 by line 1. Enter percentage here.		%	cred	it is cl	aimed	1.	
	, , , , , , , , , , , , , , , , , , , ,							
	lultiply line 4 by line 5.			6				_
	ther state's tax due less its income tax credits							
8. 🛚	ivide line 3 by line 2. Enter percentage here	. 8	%					
9. N	lultiply line 7 by line 8			9				
10. E	nter the smaller of lines 6 or 9 here and on line 56, Form 43.			10				
	credit for Income Taxes Paid to Another State by Idaho Residents on Active Military Duty. See instructions, page 24.							_
	laho tax, line 55, Form 43		Atta	ch a c	conv i	of the	_	
	ther state's adjusted income			inco	me tax	k retur	rn and	
	laho adjusted income from line 44, Column B, Form 43				39 for hich a			
	ivide line 2 by line 3. Enter percentage here		%		it is cla			
	lultiply line 1 by line 4. Enter amount here		,-	5				-
	ther state's tax due less its income tax credits		The state of the s	6				_
			l.	-	$\overline{}$	$\overline{}$		_

7. Enter the smaller of lines 5 or 6 here and on line 56, Form 43.